

**TRIPURA****GAZETTE***Published by Authority***EXTRAORDINARY ISSUE***Agartala, Friday, May 17, 2024 A. D., Vaisakha 27, 1946 S. E.*

**PART--I-- Orders and Notifications by the Government of Tripura,  
The High Court, Government Treasury etc.**

**TRIPURA AYURVED COUNCIL**

**STATE AYURVEDIC HOSPITAL, PARADISE CHOWMUHANI, AGARTALA  
TRIPURA(WEST)**

No.F.17(1)/TAC/2024

Dated, Agartala, the 10th May, 2024.

**NOTIFICATION**

In pursuance of the provisions of the National Commission for Indian System of Medicine Act, 2020 and the Regulations made thereunder, the Tripura Ayurved Council hereby invites applications from eligible Ayurvedic practitioners in the state of Tripura for the purpose of registration under the said Act and Regulations, in the format as attached herewith vide **Annexure-I**.

Duly filled applications, along with copies of self-attested enclosures as enlisted in **Annexure- II** may be sent to the Registrar, Tripura Ayurved Council by post to the following address:

The Registrar,  
Tripura Ayurved Council,  
State Ayurvedic Hospital,  
Paradise Chowmuhani, HGB Road, Agartala, Tripura (W). Pin -799001

Alternatively, scanned copies (minimum resolution of 600dpi, colour and in .jpeg format ) of duly filled in forms along with self-attested enclosures may also be emailed to:

[tripuraayurvedcouncil@gmail.com](mailto:tripuraayurvedcouncil@gmail.com)

Applicants shall also deposit registration fees as may be applicable, as per **Annexure III**, along with the application forms in either of the following manners:

1. Demand Draft in the name of 'Tripura Ayurved Council' drawn from any Nationalized Bank, payable at Agartala
2. Bank Transfer/Net Banking/ NEFT /IMPS may also be made to the following account:

**A/C Name: Tripura Ayurved Council**

**A/C number: 108001000014942**

**Bank Name with Branch: Indian Overseas Bank, Branch – [1080] Agartala**

**IFSC: IOBA0001080**

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For online transfers, copies of relevant details establishing such deposit shall have to be enclosed along with the application for verification purpose.

After examination and verification of the applications and other documents, the Tripura Ayurved Council shall issue registration certificates to the eligible applicants in due course of time.



Registrar

Tripura Ayurved Council,  
State Ayurvedic Hospital,  
Paradise Chowmuhani  
Agartala, Tripura(W), Pin 799001

**Annexure-I**

**Form for registration of practitioners**

**PART – A**

**Personal Details:**

1. Name: {First-Middle-Last (for married women name after marriage)}
2. Gender:
3. Date of birth:
4. Fathers Name:
5. Mothers Name:
6. Spouse:
7. Blood Group:
8. Aadhaar No.:
9. Voters ID:
10. Pan No. (optional):
11. Nationality:

**Contact Details:**

1. Aadhaar Linked Mobile No.:
2. Alternate Mobile No.1 and 2:
3. Landline No. 1and 2 (optional):
4. Email ID:
5. Alternate Email ID:
6. Contact Address Details:

**Permanent Address Details:**

1. Address:
2. City:
3. Taluk:
4. District:
5. State:
6. Pin Code:

**Present Address Details:**

1. Address:
2. City:
3. Taluk:
4. District:
5. State:

**Practicing Address Details (optional):**

1. Address:
2. City:
3. Taluk:
4. District:
5. State:
6. Pin Code:

**Qualification Details:**

1. Qualification:
2. Year of Passing:
3. Year of Degree Awarded:  
{and copy of the degree (upload or attach)}
4. Year of Passing of final exam and copy of the final year examination marksheet (upload or attach)
5. State from which additional qualifications obtained:
6. Name of the university:
7. Name of the College/Institute:
8. Passing year of Madhyamik :  
{Please attach copy of one of the certificates indicating the date of birth (upload or attach)}
9. Name and Passing year of HS:
10. Name of SSC/HS Board:

11. Detail of fee deposit: E banking/cash /or any mode of payment -----  
-----Amount of Rs-----  
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*Undertaking:*

I (Name)-----solemnly affirm that the information given above is true to my knowledge.

Date :

Signature  
(Name in Full)

**PART – B**

**(Additional Qualification Details): - if Applicable**

1. State from which additional qualification obtained:
2. Name of the University:
3. Name of the College/Institution:
4. Subject specialization/ Post Graduate degree (attach copy or upload):
5. Year of Passing:
6. Copy of the Original Registration Certificate of State Council or National Board

*Undertaking:*

I (Name)-----solemnly affirm that the information given above is true to my knowledge.

Signature  
(Name in Full)

\*Strike off whichever is not applicabl

**Annexure -II**  
**Document Required**

1. Identity & Address: - (Aadhaar/Pan Card/Voter ID)
2. Qualification:- Copy of Marksheets, (BAMS), University Degree Certificate (If available)
3. Additional Qualification if any:- M.D. (Ayurved) / M.S. (Ayurved) / Diploma in Post Graduate.
4. Copy of Madhyamik & H/S Documents (including Madhyamik Admit Card) / SSC / HSC Certificate if available.
5. Photograph :- 2 Copy

**Annexure -III**

- 1. For Permanent Registration -Rs. 5000/- only**
- 2. For Provisional Registration -Rs. 3000/- only**
- 3. For addition of Additional Qualification -Rs. 3000/- only**
- 4. For temporarily Registration (1yrs) -Rs. 1000/- only**